## FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT
[Please read instructions before completing and for Notice regarding public burden.]

SECTION 1 - General Information															
<ol> <li>Name and Mailing Address of Respondent</li> </ol>	espondent														
Thumb Cellular LLC 7585 W Pigeon Rd Pigeon, MI 48755												-	Check his a char address.	Check here if this is a change of address.	
2. Year Report Filed		3. Reporting Period Co	Reporting Period (Ending C Period Covered by Report)	<ol> <li>Reporting Period (Ending Date of Pay Period Covered by Report)</li> </ol>	y		4. Number o	<ol> <li>Number of Full-Time Employees during Selected Reporting Period (check one):</li> </ol>	nployees duri cone):	ng Selected		***************************************			
2017		March	h	XII.			թ. թ. Տեր 16 թ. թ	Fewer than 16 (complete Sections I, IV, and V only)  [7] 16 or more (complete all sections)	omplete Secti plete all section	ions I, IV, and ons)	V only)				
SECTION II - Full-Time Employees.	s														
							Num Report emplo	Number of Employees (Report employees in only one category)	yees one category)						
7								Race/Ethnicity	•						
Categories	Hispa	Hispanic or						Not-Hispanic or Latino	ic or Latino						Total
	Fa	Latino			Mate	ē	•				Female	ıale			Columns A - N
	Mate	Female	White	Black or African American	Native Hawaiian or Other	Asian	American Indian or Alaska	Two or more races	White	Black or African American	Native Hawaiian or Other	Asian	American Indian or Alaska	Two or more races	
					Islander						Islander				
Executive/Senior Level 1.1	>	α		0	п	٦	G	3	-	د		г	1	-	0
First/Mid-Level Officials and									-						-
Managers															
Professionals 2															0
Technicians 3															0
Sales Workers 4									9						9
Administrative Support 5									25						26
Craft Workers 6												·			0
Operatives 7															0
Laborers and Helpers 8															0
Service Workers 9															0
TOTAL 10	0	0	I	0	0	0	0	0	35	0	0	0	0	0	36
PREVIOUS YEAR TOTAL 11	;		2						35	:					37

SECTION V - Certification

I certify that to the best of my knowledge, information, and belief, all statements in this report are true and conject Executive/Senior Level Officials and Managers SECTION III - Part-Time Employees. Controlling Company Vice President 05/15/2017 SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.55, 90.168, 101.4, and 101.311 Service Workers Operatives Craft Workers Workers Administrative Support Sales Workers Professionals First/Mid-Level Officials and l'echnicians Managers Title of Person Signing aborers and Helpers PREVIOUS YEAR TOTAL TOTAL Categories gob This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report. This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company. (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition. Typed or Printed Name of Person Signing Ξ Neal B. Eichler = 3 5 9 ω N æ o ຜ Male 0 ≻ Hispanic or Latino Female 0 œ White 0 O WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503). American Black or African 0 Q Hawaiian or Other Pacific Islander Native 0 т Male Signature 0 n (Report employees in only one category) American Alaska Native Indian or 0 G Number of Employees Race/Ethnicity Two or more Not-Hispanic or Latino 0 I Mhite \_\_\_ \_\_\_ American African Black or 0 <u>-</u> Hawaiian or Other Pacific Islander Native ᆽ 0 Female (989) 453-4391 Telephone No. \_ 0 American Indian or Alaska Native ₹ 0 Two or more races z 0 Columns A - N Total 0 0 0 0 0 0 0 0 0 0